

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

FISCAL YEAR: _____

DISTRICT NAME : _____

REPORT DATE: _____

DISTRICT NUMBER: _____

LEGAL (non LEO)	DETECTED	STORED	RETURNED	ILLEGAL	CONFISCATED	INCIDENT RPT	ARREST RPT
GUNS				GUNS			
KNIVES				KNIVES			
				EXPLOSIVES			
				DRUGS			
OTHER				OTHER			
TOTAL				TOTAL			

PROHIBITED	DETECTED	STORED	RETURNED	CSO HOURS	TYPE INCIDENT	TOTAL/MONTH
Cell Phones				Criminal Court	Bomb Threat	
Computers				Civil Court	Assault	
Recorders				Tax Court	Forced Entry	
Pagers				Bankruptcy	Medical emerg.	
Cameras				Travel	Disruptive person	
Stun guns				Other	Illegal weapon	
OC Spray					Contraband	
Other					Shooting	
					Other	
TOTAL				TOTAL HRS.	TOTAL	

REMARKS:

LEAD CSO/SITE SUPERVISOR _____

USMS JSI/COTR SIGNATURE _____

DATE SUBMITTED _____

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

ARREST	To deprive a person of his/her liberty by legal authority. Seizure of an alleged or suspected offender to answer for a crime. Arrests or any custodial interrogation though not technically an "arrest" must be based on probable cause. To be actionable in the event that such seizure is improper or unlawful, there must be an intent on the part of the arresting officer or agent to bring the suspect into custody. The seizure or detention must be understood by the person being arrested that he/she is under arrest.
DETAINMENT	To keep from proceeding; to delay; to keep in custody, retain or withhold.
SEIZURE	The act of forcibly dispossessing an owner of property under actual or apparent authority of law. Also, the taking of property into custody of the court in satisfaction of a judgement or in consequence of a violation of public law.
RESTRICTIONS	To hold with limits.
DETECTION	The act of detecting or the fact of being detected.
INCIDENT	An occurrence or event that interrupts normal procedure or precipitates a crisis. Reporting an incident on the Court Facility Monthly Statistical Summary means that you must also submit a copy of the corresponding Court Facility Incident Report (CSO form 003) to the Judicial Security Division (JSD), Judicial Protective Services (JPS), Operation Support Services Branch (OSSB). ALL COURT FACILITY INCIDENT REPORTS MUST BE FORWARDED TO JPS - OSSB WITHIN 24-HOURS AFTER THE INCIDENT OCCURS.
CONTRABAND	Any property or possession, the transportation of which is ILLEGAL . For instance, narcotic drugs, firearms, etc. When contraband is discovered on a court visitor, detain the subject and immediately call a DUSM to the scene. Prepare a Court Facility Incident Report (CSO Form 003) to describe the situation. The report must address who, what, where, when and how.
WEAPON	Any instrument capable of producing death or serious bodily injury. An instrument may be intrinsically deadly (e.g. knife, pistol, rifle) or deadly because of the way it is used or the force with which it is used (e.g., wrench, hammer, stick).
LEGAL	Authorized by or based on law. Enforced or recognized by law. Created by law.
ILLEGAL	Forbidden by law or by official rules.
PROHIBITED ITEM	Any item listed as prohibited in the court facility by order of the Chief Judge or the U.S. Marshal.
ABANDONMENT	Knowing relinquishment of one's right or claim to property without any future intent to again gain title or possession. Relinquishment or surrender of rights or property by one person to another. Intent to abandon and the act by which the intention is carried out. A finder of the property not legally abandoned must make reasonable efforts to restore it to the true owner and must relinquish it to him/her upon demand.
KNIFE	A cutting instrument having a sharp blade with a handle.
GUN	Any device, whether apparent or disguised, capable of firing an explosive charge used as a propellant for a projectile.
CONFISCATE	To take private property without just compensation. To transfer property from a private use to a public use. To appropriate private property as a result of a criminal conviction or because the possession was itself, a crime.
WEAPONS OFFENSE	Violations of statutes or regulations that control weapons.

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

LEGAL (non L.E.O)	This refers to legally carried weapons. DO NOT include Law Enforcement Officer (LEO) weapons in this category. (Varies by state.)
DETECTED, STORED, AND RETURNED	Self explanatory. The quantity of "STORED" and "RETURNED" weapons should match. If they do not, you should immediately make inquiries to determine why they don't match.
ILLEGAL	Use these blocks to identify CONTRABAND carried by persons who are NOT legally authorized to possess or transport it. (Varies by state.) When contraband is discovered, immediately detain the person(s) involved, call a DUSM to the scene, prepare a Court Facility Incident Report, and include the report on the Court Facility Statistical Summary report. Provide name and date of birth of perpetrator.
COURT FACILITY INCIDENT REPORT	Use this field to report the quantity of Court Facility Incident Reports prepared during the reporting period. Any time there is an ILLEGAL item confiscated from a court visitor there should be a corresponding incident and/or arrest report. Copies of Incident and/or arrest reports must be sent to JSD/JPS-OSSB with 24-hours after the incident occurs. Be sure to include copies of Incident Reports with the monthly Court Facility Statistical Summary report submission.
ARREST REPORT	Use this field to report the quantity of arrest reports prepared as a result of a violation of the building security regulations. Arrest reports will be prepared by a DUSM. A copy of the Arrest Report(s) should be sent with the Court Facility Statistical Summary Report and sent to JSD/JPS-OSSB.
PROHIBITED ITEM	This field contains a list of some but not all items that may be prohibited in the court facility. If other non-identified items are detected and stored, you may identify them in the vacant spaces at the bottom of the list. Be sure to verify that the number of items stored matches the number of items returned. If they do not match, you must immediately make inquiries to determine why they don't match.
CSO HOURS	Number of hours charged during the reporting period by Court Security Officers in performing their duties in the categories listed.
TYPE OF INCIDENT	Use this field to report the quantity of Court Facility Incident Reports for the type of incidents listed. (e.g., 2 Bomb Threats, 7 Assaults, etc.)

COURT FACILITY INCIDENT REPORT

1. DATE OF REPORT	2. DATE OF INCIDENT	3. REPORTED BY (Please print):	
	4. REPORTING DISTRICT	5. LOCATION OF INCIDENT	
		City	State
6. TYPE OF INCIDENT			
7. CHECK APPLICABLE BOX			
<input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> FOLLOW-UP REPORT <input type="checkbox"/> ADDENDUM (Initial report dated, _____)			
8. INCIDENT DESCRIPTION (Details should cover who, what, where, when and how.)			
9. REPORT PAGES			
REPORT CONTINUED ON _____ ATTACHED PAGE(S).			
I hereby certify that the information stated herein is true, complete and accurate to the best of my knowledge.			
10. SIGNATURE OF PREPARER	11. DATE	14. DISTRIBUTION DISTRICT COTR – 1 COPY JFS/OSSB – COPY	
12. APPROVED BY:	13. DATE		
NAME TITLE			

SEE NEXT PAGE FOR INSTRUCTIONS

CSO FORM 003 (REV. 01/04)

Page 1 of 2

Section J - Attachment 3(B)

COURT FACILITY INCIDENT REPORT

1. DATE OF REPORT	State the date the report is being prepared.
2. DATE OF INCIDENT	Self explanatory.
3. REPORTED BY	Provide the name of person preparing the report.
4. REPORTING DISTRICT	Indicate the name of the district preparing the report. Please annotate if different than where the incident occurred.
5. LOCATION OF INCIDENT	Indicate the city and state where the incident occurred.
6. TYPE OF INCIDENT	Provide a brief description of the nature of the incident (i.e., bomb threat, assault, terrorist activity, forced entry, injury, property damage, etc.).
7. CHECK APPLICABLE BOX	Indicate whether this is an initial report, a follow-up or an addendum to a previous report.
8. INCIDENT DESCRIPTION	<p>At a minimum, the report must address the following:</p> <p><i>WHO:</i> Provide the name(s) of the person(s) involved and their date of birth.</p> <p><i>WHAT:</i> Describe what happened in detail.</p> <p><i>WHERE:</i> Where did the incident happen? City, building, floor, room, etc.</p> <p><i>WHEN:</i> Date and time of the incident.</p> <p><i>HOW:</i> If not already covered in the "what" category, describe how the incident happened.</p> <p>All reports must be legible, complete, and accurate as possible. Explain the incident in detail, from the beginning to the end. Never end in the middle of the story. BE SURE THAT THE REPORT CAN BE READ BY SOMEONE OTHER THAN YOU.</p>
9. REPORT PAGES	If the narrative describing the incident is included on additional pages, write the number of pages attached. If contents of the report are sensitive in nature, each page should be marked "FOR OFFICIAL USE ONLY."
10. SIGNATURE OF PREPARER	Self explanatory.
11. DATE	Enter the date you signed this report.
12. APPROVED BY	Indicate the name and title of the Contractor's official reviewing and approving official. <i>NOTE:</i> The reviewing and approving official must be a supervisory representative.
13. DATE	Enter the date the report was reviewed, approved, and signed by the contractor's supervisory representative.
14. DISTRIBUTION	Immediately forward a copy of this report as indicated.

COURT SECURITY OFFICER (CSO) TRAVEL AUTHORIZATION

1. VOUCHER		VOUCHER DATE ____/____/____		VOUCHER TYPE <input type="checkbox"/> Original <input type="checkbox"/> Reclaim		CONTRACTOR'S NAME	
2. TRAVELER				3. ITINERARY		4. ESTIMATED COST	
NAME: _____ FIRST MI LAST				TRIP BEGINS ON (MM/DD/YY): _____		Lodging and M&IE \$ _____	
ADDRESS: _____				TRIP ENDS ON (MM/DD/YY): _____		Transportation \$ _____	
CITY: _____ STATE: _____ ZIP CODE: _____						Other \$ _____	
SSN: _____ DISTRICT LOCATION: _____						TOTAL \$ _____	
5. PURPOSE OF TRAVEL							
<input type="checkbox"/> CSO ORIENTATION (PHASE II) <input type="checkbox"/> TEMPORARY POST ASSIGNMENT <input type="checkbox"/> SPECIAL SECURITY ASSIGNMENT <input type="checkbox"/> OTHER*							
TRAVEL JUSTIFICATION							
_____ _____ _____							
* A written detailed justification is required.							
6. TRAVEL CONDITIONS OR LIMITATIONS				7. MODE OF TRANSPORTATION AUTHORIZED		8. PLANNED ITINERARY	
MODE OF TRANSPORTATION AUTHORIZED: <input type="checkbox"/> Use of common carrier transportation <input type="checkbox"/> Use of a rental car <input type="checkbox"/> Use of a Government furnished vehicle <input type="checkbox"/> Use of a privately owned vehicle. Mileage rate authorized: \$ _____ <input type="checkbox"/> Other (Use of any type of transportation method (i.e., train, bus) that does not exceed the cost of common carrier.)				NOTE: PER DIEM WILL BE BASED ON LODGING PLUS MAINTENANCE EXCEPT GSA LOCATION RATES.		FROM: _____ TO: _____ TO: _____ TO: _____ TO: _____	
YOU ARE AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE IN ACCORDANCE WITH DEPARTMENT OF JUSTICE REGULATIONS UNDER THE CONDITIONS OUTLINED IN THIS AUTHORIZATION AS NECESSARY FOR THE CONDUCT OF BUSINESS RELATIVE TO THE APPLICABLE UNITED STATES MARSHALS SERVICE COURT SECURITY SERVICE CONTRACT.							
9. CONTRACTOR'S REVIEWING AND APPROVING OFFICIAL				10. CONTRACTING OFFICE'S TECHNICAL REPRESENTATIVE'S APPROVAL			
NAME (Print) _____		APPROVAL DATE _____		NAME (Print) _____		APPROVAL DATE _____	
SIGNATURE _____		TITLE _____		SIGNATURE _____		TITLE _____	

COURT SECURITY OFFICER (CSO) TRAVEL EXPENSE REIMBURSEMENT

1. TRAVELER IDENTIFICATION		2. APPROVALS	
NAME: _____ RESIDENCE: _____ CITY: _____ STATE: _____ ZIP: _____		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
DISTRICT ASSIGNMENT: _____		TRAVELER DATE AND SIGN HERE	CONTRACTOR'S APPROVING OFFICIAL DATE AND SIGN HERE
<div style="background-color: #f2f2f2; padding: 2px;">3. ITINERARY</div> TRIP BEGAN (MMDDYY) _____ TRIP ENDED (MMDDYY) _____ TRAVEL TIME: <input type="checkbox"/> Less than 12 hrs <input type="checkbox"/> Less than 24 hrs <input type="checkbox"/> More than 24 hrs PRIMARY DESTINATION: _____ TRANSPORTATION METHOD INDICATOR - HIGHEST CLASS OF TRAVEL <input type="checkbox"/> 1. COACH <input type="checkbox"/> 2. BUSINESS CLASS <input type="checkbox"/> 3. FIRST CLASS <input type="checkbox"/> 4. N/A REASON FOR UPGRADE (Required if Business or First Class is used.) <input type="checkbox"/> Coach not available <input type="checkbox"/> Cost Savings <input type="checkbox"/> Travel Greater than 14 hrs		I hereby certify that the travel undertaken in this reimbursement voucher is true and accurate to the best of my knowledge and that payment or credit has not been received by me. SUBMISSION DATE: _____ SIGNATURE: _____	
		<div style="background-color: #f2f2f2; padding: 2px;">4. TRAVEL PURPOSE</div> 	<div style="background-color: #f2f2f2; padding: 2px;">5. VOUCHER TYPE</div> <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RECLAIM
6. EXPENSE SUMMARY			
Cost for Air, Train, Bus, etc.		\$ _____	
Car Rental and Gas		\$ _____	
Privately Owned Vehicle (POV)/Mileage Total		\$ _____	
Public Transportation - Temporary Post Assignment		\$ _____	
Lodging		\$ _____	
State/Local Lodging Taxes		\$ _____	
Meals and Incidental Expenses		\$ _____	
Parking		\$ _____	
Other		\$ _____	

Daily Expense Report Summary: Enter expenses in categories provided below. After completion, record the total for each category on page one in box six.

[illegible]

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INSERT TOTALS (\$) FOR EACH COLUMN.

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS

(See instructions on reverse)

OMB No.: 9000-0006

Expires: 04/30/2004

Public reporting burden for this collection of information is estimated to average 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME				
b. STREET ADDRESS			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT 1/01/01	
c. CITY			<input type="checkbox"/> MAR 31 <input type="checkbox"/> SEPT 30 YEAR	
d. STATE e. ZIP CODE				
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
6. ADMINISTERING ACTIVITY (Please check applicable box)				
<input type="checkbox"/> ARMY <input type="checkbox"/> GSA <input type="checkbox"/> NASA <input type="checkbox"/> NAVY <input type="checkbox"/> DOE <input type="checkbox"/> OTHER FEDERAL AGENCY (Specify) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY				
7. REPORT SUBMITTED AS (Check one and provide appropriate number)			B. AGENCY OR CONTRACTOR AWARDING CONTRACT	
<input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR			a. AGENCY'S OR CONTRACTOR'S NAME	
PRIME CONTRACT NUMBER			b. STREET ADDRESS	
SUBCONTRACT NUMBER			c. CITY d. STATE e. ZIP CODE	
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS:				
<input type="checkbox"/> DO INCLUDE INDIRECT COSTS <input type="checkbox"/> DO NOT INCLUDE INDIRECT COSTS				

SUBCONTRACT AWARDS

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (Including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)				
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				
10c. TOTAL (Sum of 10a and 10b.)		100.0%		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)				
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)				
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)				
14. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)				
15. VETERAN-OWNED SMALL BUSINESS CONCERNS (Including Service-Disabled Veteran-Owned SB Concerns) (Dollar Amount and Percent of 10c.)				
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				

17. REMARKS

18a. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN

18b. TELEPHONE NUMBER

AREA CODE NUMBER

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Previous edition is not usable

STANDARD FORM 294 (REV. 8/2001)
Prescribed by GSA-FAR (48 CFR) 53.219(a)

GENERAL INSTRUCTIONS

1. This report is not required from small businesses.

2. This report is not required for commercial items for which a commercial plan has been approved, nor from large businesses in the Department of Defense (DOD) Test Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the instructions on that form.

3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Small Business (SB), Small Disadvantaged Business (SDB), Woman-Owned Small Business (WOSB), HUBZone Small Business (HUBZone SB), Veteran-Owned Small Business (VOSB) and Service-Disabled Veteran-Owned Small Business concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).

4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for each contract at contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.

5. Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.

6. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.

7. Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.

SPECIFIC INSTRUCTIONS

BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and; (8) Company affiliation.

BLOCK 4: Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the date indicated in this block.

BLOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report previously submitted for the same period.

BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.

BLOCK 7: Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.

BLOCK 8: Enter the name and address of the Federal department or agency awarding the contract or the prime contractor awarding the subcontract.

BLOCK 9: Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10a through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.

BLOCKS 10a through 16: Under "Current Goal," enter the dollar and percent goals in each category (SB, SDB, WOSB, VOSB, service-disabled VOSBs, and HUBZone SB) from the subcontracting plan approved for this contract. (If the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts entered in Blocks 10a through 15 should reflect the revised goals.) Under "Actual Cumulative," enter actual subcontract achievements (dollar and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorated portion of indirect awards.

BLOCK 10a: Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, service-disabled VOSBs, and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

BLOCK 10b: Report all subcontracts awarded to large businesses (LBs).

BLOCK 10c: Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10a and 10b).

BLOCKS 11 through 16: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs owned by women or veteran).

BLOCK 11: Report all subcontracts awarded to SDBs including women-owned, veteran-owned, service-disabled VOSBs, and HUBZone SB SDBs. For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

BLOCK 12: Report all subcontracts awarded to Woman-Owned firms (including SDBs, VOSBs, service-disabled VOSBs, and HUBZone SBs owned by women).

BLOCK 13 [For contracts with DoD, NASA, and Coast Guard]: Report all subcontracts with HBCUs/MIs. Complete the column under "Current Goal" only when the subcontracting plan establishes a goal.

BLOCK 14: Report all subcontracts awarded to HUBZone SBs including women-owned, veteran-owned, service-disabled VOSBs, and SDB HUBZone SBs.

BLOCK 15: Report all subcontracts awarded to VOSBs including service-disabled VOSBs (include VOSBs that are also SDBs, WOSBs and HUBZone SBs).

BLOCK 16: Report all subcontracts awarded to service-disabled veteran-owned SB concerns that are also SDBs, WOSBs, and HUBZone SBs.

BLOCK 17: Enter a short narrative explanation if (a) SB, SDB, WOSB, VOSB, Service-Disabled VOSBs, or HUBZone SB accomplishments fall below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a final report, any one of the three goals was not met.

DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).

2. Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

DISTRIBUTION OF THIS REPORT

For the Awarding Agency or Contractor:

The original copy of this report should be provided to the contracting officer at the agency or contractor identified in Block 8. For contracts with DOD, a copy should also be provided to the Defense Contract Management Agency (DCMA) at the cognizant Defense Contract Management Area Operations (DCMAO) office.

For the Small Business Administration (SBA):

A copy of this report must be provided to the cognizant Commercial Market Representative (CMR) at the time of a compliance review. It is NOT necessary to mail the SF 294 to SBA unless specifically requested by the CMR.

SUMMARY SUBCONTRACT REPORT

(See instructions on reverse)

OMB No.: 9000-0007
Expires: 09/30/2003

Public reporting burden for this collection of information is estimated to average 15.9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME				
b. STREET ADDRESS			4. REPORTING PERIOD	
c. CITY			<input type="checkbox"/> OCT 1 - MAR 31	<input type="checkbox"/> OCT 1 - SEPT 30 YEAR
d. STATE e. ZIP CODE				
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
6. ADMINISTERING ACTIVITY (Please check applicable box)				
ARMY		DEFENSE CONTRACT MANAGEMENT AGENCY		DOE
NAVY		NASA		OTHER FEDERAL AGENCY (Specify)
AIR FORCE		GSA		
7. REPORT SUBMITTED AS (Check one)			8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR			<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> SUBCONTRACTOR			<input type="checkbox"/> COMMERCIAL PRODUCTS	
<input type="checkbox"/> BOTH			IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY.	
9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES				
a b				

CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS

(Report cumulative figures for reporting period in Block 4)

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)		
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)		
10c. TOTAL (Sum of 10a and 10b.)		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)		
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)		
15. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS (Including Service-Disabled VOSB Concerns) (Dollar Amount and Percent of 10c.)		
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)		
17. REMARKS		

18. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM			
a. NAME		b. TITLE	
		c. TELEPHONE NUMBER	
		AREA CODE	NUMBER
19. CHIEF EXECUTIVE OFFICER			
a. NAME		c. SIGNATURE	
b. TITLE		d. DATE	

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Previous edition is not usable

STANDARD FORM 295 (REV. 10-2001)
Prescribed by GSA - FAR (48 CFR) 53.219(b)

GENERAL INSTRUCTIONS

1. This report is not required from small businesses.

2. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Small Business (SBI), Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), Veteran-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business, and HUBZone Small Business (HUBZone SBI) concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).

3. This report must be submitted semi-annually (for the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Defense (DOD) and annually (for the twelve months ended September 30th) for contracts with civilian agencies, except for contracts covered by an approved Commercial Plan (see special instructions in right-hand column). Reports are due 30 days after the close of each reporting period.

4. This report may be submitted on a corporate, company, or subdivision (e.g., plant or division operating on a separate profit center basis, unless otherwise directed by the agency awarding the contract).

5. If a prime contractor/subcontractor is performing work for more than one Federal agency, a separate report shall be submitted to each agency covering only that agency's contracts, provided at least one of that agency's contracts is over \$500,000 (over \$1,000,000 for construction of a public facility) and contains a subcontracting plan. (Note that DOD is considered to be a single agency; see next instruction.)

6. For DOD, a consolidated report should be submitted for all contracts awarded by military departments/agencies and/or subcontracts awarded by DOD prime contractors. However, DOD contractors involved in construction and related maintenance and repair must submit a separate report for each DOD component.

7. Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.

8. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.

9. Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.

10. See special instructions in right-hand column for Commercial Plans.

SPECIFIC INSTRUCTIONS

BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and (8) Company affiliation.

BLOCK 4: Check only one. Note that March 31 represents the six months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.

BLOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed all the contracts containing subcontracting plans awarded by the agency to which it is reporting. A "Revised" report is a change to a report previously submitted for the same period.

BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.

BLOCK 7: This report encompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the same agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both (check only one).

BLOCK 8: Check only one. Check "Commercial Plan" only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollars in Blocks 10a through 15b attributable to the agency to which this report is being submitted.

BLOCK 9: Identify the major product or service lines of the reporting organization.

BLOCKS 10a through 15b: These entries must include all subcontract awards resulting from contracts or subcontracts, regardless of dollar amount, received from the agency to which this report is submitted. If reporting as a subcontractor, report all subcontracts awarded under prime contracts. Amounts must include both direct awards and an appropriate prorated portion of indirect awards. (The indirect portion is based on the percentage of work being performed

for the organization to which thereport is being submitted in relation to other work being performed by the prime contractor/subcontractor). Do not include awards made in support of commercial business unless "Commercial" is checked in Block 8 (see Special Instructions for Commercial Plans in right-hand column). Report only those dollars subcontracted this fiscal year for the period indicated in Block 4.

BLOCK 10a: Report all subcontracts awarded to SDBs including subcontracts to SDBs, WOSBs, VOSBs, Service-Disabled VOSBs, and HUBZone SDBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

BLOCK 10b: Report all subcontracts awarded to large businesses (LBS).

BLOCK 10c: Report on this line the grand total of all subcontracts (the sum of lines 10a and 10b).

BLOCKS 11 through 15b: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs owned by women); likewise subcontracts to HBCUs or MIs should be reported on both Block 11 and 13.

BLOCK 11: Report all subcontracts awarded to SDBs including women-owned, veteran-owned, service-disabled VOSBs, and HUBZone SDBs. For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

BLOCK 12: Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, service-disabled VOSBs, and HUBZone SDBs owned by women).

BLOCK 13: (For contracts with DOD, NASA, and Coast Guard) Enter the dollar value of all subcontracts with HBCUs/MIs.

BLOCK 14: Report all subcontracts awarded to HUBZone SDBs including women-owned, veteran-owned, service-disabled VOSBs, and SDB HUBZone SDBs.

BLOCK 15: Report all subcontracts awarded to VOSBs (including women-owned, SDBs, and HUBZone SDB VOSBs).

BLOCK 15b: Report all subcontracts awarded to service-disabled VOSBs (including Service-Disabled Veteran-Owned Small Business Concerns that are SDBs, WOSBs, and HUBZone SDBs). These subcontracts should also be reported in Block 15.

SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

1. This report is due on October 30th each year for the previous fiscal year ended September 30th.

2. The annual report submitted by reporting organizations that have an approved company-wide annual subcontracting plan for commercial items shall include all subcontracting activity under commercial plans in effect during the year and shall be submitted in addition to the required reports for other-than-commercial items, if any.

3. Enter in Blocks 10a through 15b the total of all subcontract awards under the contractor's Commercial Plan. Show in Block 8 the percentage of this total that is attributable to the agency to which this report is being submitted. This report must be submitted to each agency from which contracts for commercial items covered by an approved Commercial Plan were received.

DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contracts.

2. Indirect Subcontract Awards are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; those awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

SUBMITTAL ADDRESSES FOR ORIGINAL REPORT

For DOD Contractors, send reports to the cognizant contract administration office as stated in the contract.

For Civilian Agency Contractors, send reports to awarding agency:

1. **NASA:** Forward reports to NASA, Office of Procurement (HS), Washington, DC 20546

2. **OTHER FEDERAL DEPARTMENTS OR AGENCIES:** Forward report to the OSDBU Director unless otherwise provided for in instructions by the Department or Agency.

FOR ALL CONTRACTORS:

SMALL BUSINESS ADMINISTRATION (SBA): Send "info copy" to the cognizant Commercial Market Representative (CMR) at the address provided by SBA. Call SBA Headquarters in Washington, DC at (202) 205-6475 for correct address if unknown.

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year		
+Uniform Purchase		325.00
Physical Exam		<u>50.00</u>
Increase		\$375.00

CATEGORY 5		
Base Wage		15.00
FICA	7.65%	1.11
State Unemploym	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G & A	FIXED	0.99
Profit	FIXED	<u>0.61</u>
		\$18.28

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4 2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. SCHEDULE NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		PAID BY		
			CONTRACT NUMBER AND DATE				
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS			DATE INVOICE RECEIVED		DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER		
			GOVERNMENT B.A. NUMBER				
			SHIPPED FROM TO WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT	
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR BY 2 TITLE	EXCHANGE RATE = \$1.00	DIFFERENCES Amount verified; correct for (Signature or initials)			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer) 2			(Title)		
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		
	CASH \$		DATE		ON (Name of bank)		
PAYEE 3					PER TITLE		

Previous edition obsolete

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 83c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:		3. REPORTING PERIOD								
Name		<i>Month</i>	<i>Day</i>	<i>Year</i>						
Address										
City		4. DATE SUBMITTED								
State		<i>Month</i>	<i>Day</i>	<i>Year</i>						
Zip Code										
Office Telephone Number		5. JUDICIAL CIRCUIT								
Fax Telephone Number										
Internet Address										
2. CONTRACTOR'S INFORMATION:		6. DISTRICT								
Contract Manager										
Site Supervisor(s) / District(s)										
		7. CONTRACT NUMBER								
		8. CONTRACT PERFORMANCE PERIOD								
9. CONTRACTOR'S SIGNATURE										
<p>I hereby certify that the information provided in this report is true and accurate to the best of my knowledge.</p>										
<table style="width: 100%;"> <tr> <td style="width: 50%;">NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL</td> <td style="width: 50%;">(TYPE OR PRINT)</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td>SIGNATURE OF AUTHORIZED COMPANY OFFICIAL</td> <td>DATE</td> </tr> </table>					NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL	(TYPE OR PRINT)			SIGNATURE OF AUTHORIZED COMPANY OFFICIAL	DATE
NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL	(TYPE OR PRINT)									
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL	DATE									

SECTION II - STAFFING INFORMATION

Contract Number:	Circuit:	Reporting Period:
-------------------------	-----------------	--------------------------

Circuit: _____ Reporting Period: _____

Reporting Period: _____

District: _____

Facility:

[illegible]

[illegible]

SECTION IV - ENHANCEMENTS

Contract Number:	Reporting Period:
------------------	-------------------

Reporting Period:

[illegible]

SUMMARY OF ENHANCEMENTS

TOTAL NUMBER OF ENHANCEMENTS PENDING LAST MONTH:		Comments
TOTAL NUMBER OF ENHANCEMENTS RECEIVED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS FILLED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS PENDING THIS MONTH:		

SECTION VII - TRAVEL**Contract Number:****Reporting Period:**

Travel Authorization Date	Travel Period		Name of Government Official Authorizing Travel	Name of Employee Authorized to Travel	Travel Originated		Purpose of Travel
	From	To			From:	To:	

SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS, PROBLEMS ENCOUNTERED, FUTURE PLANS AND ACTS OF HEROISM

Contract Number:

Reporting Period:

SECTION X - WORKHOURS

Contract Number:

Reporting Period:

____ Judicial Circuit - Fiscal Year 2002

MONTHLY STATISTICS OF HOURS WORKED

District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL
TOTAL													

ANNUAL STATISTICS OF ACTUAL HOURS WORKED

District	District No.	Site Supervisors	CSO Positions	Contract Hours <i>(Based on 2008 hrs./position)</i>	REPORT CUMULATIVE HOURS WORKED
				0	
				0	
				0	
				0	
				0	
				0	
TOTAL				0	

SECTION XI - BILLING INFORMATION

Contract Number:

Reporting Period:

Judicial Circuit
Fiscal Year 2002

Total Monthly Billing										Cumulative Total
District										
October	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

SECTION XII - MONTHLY HOURS WORKED

Contract Number:	Circuit:	Reporting Period:
-------------------------	-----------------	--------------------------

Circuit: _____ Reporting Period: _____

Reporting Period: _____

District:

Facility:

Name		Calendar Month																															Basic	Overtime
Position	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Basic																																0	0
	Overtime																																0	0
	Basic																																0	0
	Overtime																																0	0
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Total	0	0
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Summary Monthly Report Guidelines and Requirements

The monthly report is comprised of 29 sub-reports containing similar data arranged and displayed in differing manners. Each sub-report shows a required breakdown of data needed by the USMS. Rather than require the contractor to complete each individual report in a repetitive manner over and over, the USMS will provide the Contract Management System (CMS) to the contractor to alleviate all of the redundant data entry work. The contractor will be responsible for tracking and maintaining the required data for the Monthly Report in their own data repository. On a monthly basis the contractor will create a data upload into the CMS, conduct a thorough evaluation of the data uploaded into the CMS and create a data dump from within the CMS to send to the USMS as their monthly report submission. Utilizing this data transfer method will create all 29 sub reports at one time opposed to 29 individual steps. The 29 sub reports comprising the monthly report are as follows:

- Circuit level Summary
- Staffing information
- Vacancy information
- Enhancements
- New hires
- Overtime by facility
- Travel
- Accidents
- Narratives
- Summarized work hours by circuit
- Billing information
- Monthly hours worked by personnel
- Monthly Basic Hours worked by full-time CSOs including hours worked in Court
- Monthly Overtime Hours worked by full-time CSOs including hours worked in Court
- Monthly Circuit Summary of All Basic Hours worked by Full-time CSOs
- Monthly Circuit Summary of All Overtime Hours worked by Full-time CSOs
- Monthly Basic Hours Worked by shared Positions
- Monthly Overtime Hours Worked by shared Positions
- Monthly Circuit Summary of All Basic Hours Worked by Shared Positions
- Monthly Circuit Summary of All Overtime Hours Worked by Shared Positions
- Monthly Circuit Summary of All Basic Hours Worked by Fulltime CSOs and Shared
- Monthly Circuit Summary of All Overtime Hours Worked by Fulltime CSOs and Shared
- Monthly Total Amount Billed for Basic Hours worked by Full-time CSOs
- Monthly Total Amount Billed for Overtime Hours worked by Full-time CSOs
- Monthly Total Amount Billed for Basic Hours worked by Shared Positions
- Monthly Total Amount Billed for Overtime Hours worked by Shared Positions

- Monthly Total Summary Amount for All Basic Hours Worked by Full-time CSOs and Shared Positions
- Monthly Total Summary Amount for All Overtime Hours Worked by Full-time CSOs and Shared Positions
- Monthly Startup Report

To complete each of the individual reports, various data elements are tracked in the CMS and in turn must be tracked in the contractor's data repository as well. Below are the base data element categories as well as their detailed data elements:

- **Basic CSO Data**
 - CSO Status
 - CSO Last Med Exam Date
 - CSO In-district Training Phase 1
 - CSO In-district Training Phase 2
 - CSO Medical Exam Cost
 - CSO Start Date
 - CSO Termination Date
 - CSO Uniform Cost
 - CSO Uniform Issue Date
 - CSO Weapon Cost
 - CSO Weapons Qualifications Date
- **Basic Contact Information**
 - Contact First Name
 - Contact Last Name
 - Contact Date of Hire
 - Contact Employee Number
- **Basic Organization Information**
 - Organization Name
 - Organization Phone
 - Organization Fax
 - Organization Street Line 1
 - Organization Street Line 2
 - Organization City
 - Organization Zip
 - Organization State
- **Basic Facility Information**
 - Facility Name
 - Facility Code
 - Facility Street Line 1
 - Facility Street Line 2
 - Facility City
 - Facility Zip

- Facility State
- Monthly Billing Data
 - Amount billed
 - Date bill sent
- Daily CSO Hours Worked
 - Daily In-court Hours worked by day of the month
 - First of the Month In-court Hours
 - Second of the Month In-court Hours
 - Third of the Month In-court Hours
 - Fourth of the Month In-court Hours
 - Fifth of the Month In-court Hours
 - Sixth of the Month In-court Hours
 - Seventh of the Month In-court Hours
 - Eighth of the Month In-court Hours
 - Ninth of the Month In-court Hours
 - Tenth of the Month In-court Hours
 - Eleventh of the Month In-court Hours
 - Twelfth of the Month In-court Hours
 - Thirteenth of the Month In-court Hours
 - Fourteenth of the Month In-court Hours
 - Fifteenth of the Month In-court Hours
 - Sixteenth of the Month In-court Hours
 - Seventeenth of the Month In-court Hours
 - Eighteenth of the Month In-court Hours
 - Nineteenth of the Month In-court Hours
 - Twentieth of the Month In-court Hours
 - Twenty First of the Month In-court Hours
 - Twenty Second of the Month In-court Hours
 - Twenty Third of the Month In-court Hours
 - Twenty Fourth of the Month In-court Hours
 - Twenty Fifth of the Month In-court Hours
 - Twenty Sixth of the Month In-court Hours
 - Twenty Seventh of the Month In-court Hours
 - Twenty Eighth of the Month In-court Hours
 - Twenty Ninth of the Month In-court Hours
 - Thirtieth of the Month In-court Hours
 - Thirty First of the Month In-court Hours
 - If overtime, date overtime authorized
 - Employment Status – Fulltime or Shared
 - Any comments needed regarding Hours Worked for given day
 - Daily Out-of-court Hours worked by day of the month
 - First of the Month Out-of-court Hours
 - Second of the Month Out-of-court Hours

- Third of the Month Out-of-court Hours
- Fourth of the Month Out-of-court Hours
- Fifth of the Month Out-of-court Hours
- Sixth of the Month Out-of-court Hours
- Seventh of the Month Out-of-court Hours
- Eighth of the Month Out-of-court Hours
- Ninth of the Month Out-of-court Hours
- Tenth of the Month Out-of-court Hours
- Eleventh of the Month Out-of-court Hours
- Twelfth of the Month Out-of-court Hours
- Thirteenth of the Month Out-of-court Hours
- Fourteenth of the Month Out-of-court Hours
- Fifteenth of the Month Out-of-court Hours
- Sixteenth of the Month Out-of-court Hours
- Seventeenth of the Month Out-of-court Hours
- Eighteenth of the Month Out-of-court Hours
- Nineteenth of the Month Out-of-court Hours
- Twentieth of the Month Out-of-court Hours
- Twenty First of the Month Out-of-court Hours
- Twenty Second of the Month Out-of-court Hours
- Twenty Third of the Month Out-of-court Hours
- Twenty Fourth of the Month Out-of-court Hours
- Twenty Fifth of the Month Out-of-court Hours
- Twenty Sixth of the Month Out-of-court Hours
- Twenty Seventh of the Month Out-of-court Hours
- Twenty Eighth of the Month Out-of-court Hours
- Twenty Ninth of the Month Out-of-court Hours
- Thirtieth of the Month Out-of-court Hours
- Thirty First of the Month Out-of-court Hours
- If overtime, date overtime authorized
- Employment Status Fulltime or Shared
- Any comments needed regarding Hours Worked for given day
- Narrative of Specific events
 - Event Description
 - Event Date
 - Event Type - Major Accomplishment, Problems Encountered, Future Plans or Acts of Heroism
- Site Accidents
 - Detailed description of the site accident
 - Date of the Accident
 - Any supporting document - an ole link will be allowed
 - Any supporting accident comments
- Travel
 - Date Travel Authorized

- Purpose of Travel
- Travel Departure Date
- Travel to Destination
- Travel Return Date
- Travel Return to location
- Total Travel Costs Billed
- Vacancy Information
 - Vacant Position Number
 - Date Position became Vacant
 - Vacancy Reason
 - Date Replacement Package Due
 - Date Replacement Package actually Sent
 - Reason for Vacant Position
 - Vacancy Comments

Each and every month, the contractor will be responsible for gathering this data within their data repository, uploading the data into the CMS system and then providing a data dump to be emailed to the USMS. The process to be incorporated by the contractor should take approximately one half day to upload data into the CMS, 1-3 days to verify the accuracy of the output reports and one half day to create the data dump to be emailed and finally email the data dump the USMS.

The hardware requirements needed to run the CMS are a windows based computer with Pentium 133 MHz or faster processor (Pentium III recommended), Microsoft Windows 98, Me, NT 4.0, or 2000, 128 MB RAM, 300 MB hard disk space, CD-ROM drive and a Super VGA (800 x 600) or higher-resolution monitor with 256 colors.

The software requirements needed to run the CMS are Microsoft Access 2000 and an email client to send the data dumps to the USMS.